FCRM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FGRM D

3235-0076

Serial

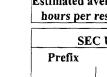
Expires: November 30, 2001

Estimated average burden

hours per response...... 16.00



DATE RECEIVED



OMB Number:



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

							
Name of Offering (check if this is an amendment and name has changed, and indicate change.) Issuance of Convertible Promissory Notes							
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: Amendment	Section 4(6) ULOES RECEIVED						
A. BASIC IDENTIFICATION DATA							
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Rasvia Systems, Inc.	AUG % 3 2002						
Address of Executive Offices (Number and Street, City, State, Zip Code) 640 W. California Avenue, Sunnyvale, CA 94086	Telephone Number (Including Area Code) (408) 737-3800						
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) same as above.	Telephone Number (Including Area Code) same as above.						
Brief Description of Business Data Storage	PRUCESSED						
Type of Business Organization Corporation limited partnership, already formed business trust limited partnership, to be formed other	P AUG 2 / ZUUZ THOIVISON (please specify): FINANCIAI						
Actual or Estimated Date of Incorporation or Organization: Month Year							

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



1000				A. BASIC ID	ENT	FICATION DATA				
2.	 Each beneficial ov 	the issuer, if the issuer having the policer and director of	uer has bee wer to vote f corporate	issuers and of corpora	ne vote					securities of the issuer;
Che	ck Box(es) that Apply:	□ Promote		Beneficial Owner	\boxtimes	Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full	Name (Last name first,	if individual)					_	·		
Che	n, Tsung-Chih									
Busi	iness or Residence Addr	ess (Number and	Street, Cit	y, State, Zip Code)						
640	W. California Avenue	Sunnyvale, CA	94086							
Che	ck Box(es) that Apply:		r 🛭	Beneficial Owner	\boxtimes	Executive Officer		Director		General and/or Managing Partner
Full	Name (Last name first,	if individual)								
Lee,	Ronald C.									
	iness or Residence Addr W. California Avenue,	•		y, State, Zip Code)						
Che	ck Box(es) that Apply:	Promote	r 🛛	Beneficial Owner		Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full	Name (Last name first,	if individual)			-					
Tser	ng, Gary									
Busi	ness or Residence Addr	ess (Number and	Street, Cit	y, State, Zip Code)						
640	W. California Avenue,	Sunnyvale, CA	94086							
Chec	ck Box(es) that Apply:	☐ Promote		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full	Name (Last name first,	if individual)								
Qua	nta Computer Inc.									
	ness or Residence Addr 188, Wen Hwa 2 nd Rd.,	· ·		•	D O	2				
					K.U.		_	Discourse		C11/
Cnec	ck Box(es) that Apply:	☐ Promote		Beneficial Owner	Ш	Executive Officer	Ц	Director	Ш	General and/or Managing Partner
	Name (Last name first,	if individual)								
	ness or Residence Addr	ess (Number and	Street, Cit	v, State, Zip Code)		 				
	5-3 Scott Blvd., Suite 1		•	· · · · · · · · · · · · · · · · · · ·						
Chec	ck Box(es) that Apply:	Promote		Beneficial Owner	\boxtimes	Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full	Name (Last name first,	if individual)				-,, -, -, -, -,	-			
Pete	er Shambora									
	ness or Residence Addre	•	-	y, State, Zip Code)						
640	W. California Avenue	, Sunnyvale, CA	94086							
Chec	ck Box(es) that Apply:	Promoter	· 🗆	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full 1	Name (Last name first, i	f individual)								
Busi	ness or Residence Addre	ess (Number and	Street, City	, State, Zip Code)						······································
		(Use I	olank sheet	or copy and use add	litiona	l copies of this sheet,	as ne	cessarv)		
		(520)		, and and		1		· ·- · //		

					B.	INFOR	RMATION	ABOUT O	FFERING				
1. I	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes	No ⊠		
•												-	
2. V												\$	none
3. I	3. Does the offering permit joint ownership of a single unit?											Yes ⊠	No □
	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar												
	remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more												
	han five lealer on		s to be listed	are associate	d persons of	such a broke	r or dealer, y	ou may set fo	orth the inform	nation for th	at broker or		
			st, if individ	ual)									
Busine	es or Re	esidence Ad	Idress (Num	ber and Stree	t City State	Zin Code)	<u></u>						
			<u></u>					-					·
Name	of Asso	ciated Brok	er or Dealer										
States	in Whic	h Person L	isted Has So	licited or Inte	ends to Solic	it Purchasers				 _			
(Ch	eck "All	States" or	check indivi	duals States)								☐ A	ll States
[A	L}	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[II]	_]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[M	IT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[R	I)	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full N	ame (La	st name fir	st, if individu	ıal)									
											<u> </u>		
Busine	ss or Re	sidence Ac	idress (Numi	er and Stree	t, City, State	e, Zip Code)							
Name	of Asso	ciated Brok	er or Dealer										
States	in Whic	h Person L	isted Has So	licited or Inte	nds to Solic	it Purchasers							
(Che	eck "All	States" or	check indivi	duals States)								□ A	11 States
[A	L]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL	-]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[M		[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[R	I]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	ame (La	st name fire	st, if individu	ıal)									
Busine	ss or Re	sidence Ad	ldress (Numb	per and Street	t. City. State	, Zip Code)							
			· · · · · · · · · · · · · · · · · · ·										
Name	oi Assoc	ciated Brok	er or Dealer										
States i	in Whic	h Person Li	isted Has Sol	icited or Inte	nds to Solic	it Purchasers							
(Check "All States" or check individuals States)											ll States		
[A	-	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL		[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[M		[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[R	1]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

v80.7	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PR	OCEEDS			
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate Amount Alre				
	Type of Security	Offer	ing Price	Sold		
	Debt		000,000	\$ <u>4,</u>	000,000	
	Equity	\$	00	\$	0	
	Common Preferred	G.				
	Convertible Securities (including warrants)	\$	0	\$	0	
	Partnership Interests	\$	0	\$	0	
	Other (Specify)	\$	0	\$	0	
	Total	\$ <u>4,</u> 0	000,000	\$ <u>4,</u>	000,000	
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			A		
			mber estors	Dolla	gregate r Amount 'urchase	
	Accredited investors		4	\$ <u>4,0</u>	000,000	
	Non-accredited Investors		0	\$	0	
	Total (for filings under Rule 504 only)		n/a	\$	n/a	
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	_				
	Type of Offering	-	pe of curity		r Amount Sold	
	Rule 505		n/a	\$	n/a	
	Regulation A		n/a	\$	n/a	
	Rule 504		n/a	\$	n/a	
	Total		n/a	\$	n/a	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees			\$		
	Printing and Engraving Costs			\$		
	Legal Fees		\boxtimes	\$	2,000	
	Accounting Fees			\$		
	Engineering Fees			\$		
	Sales Commissions (specify finders' fees separately)			\$		
	Other Expenses (identify)			\$		
	Total		\boxtimes	\$	2,000	

	C. OFFERING P	RICE, NUMBER OF INVES	TORS, EXPENSES A	ND USE OF PROCEEDS			
	b. Enter the difference between the aggregate total expenses furnished in response to Part C proceeds to the issuer."	- Question 4.a. This difference	is the "adjusted gross		\$_3,998,000		
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.						
				Payments to Officers, Directors & Affiliates	Payments To Others		
	Salaries and fees			🗆 \$	☐ \$		
	Purchase of real estate			🗆 \$	□ s		
	Purchase, rental or leasing and installation of r	machinery and equipment			\$		
	Construction or leasing of plant buildings and	facilities		🔲 \$	□ s		
	Acquisition of other businesses (including the used in exchange for the assets or securities of	value of securities involved in another issuer pursuant to a m	this offering that may be	e 	□ s		
	Repayment of indebtedness			🔲 \$	□ s		
	Working capital			🗆 \$			
	Other (specify):				□ \$		
	Column Totals			🗆 \$	\$		
	Total Payments Listed (column totals add	led)		🛭 🖺 \$3,99	000,8		
		D. FEDERAL	SIGNATURE				
nde	issuer has duly caused this notice to be signed by the traking by the issuer to furnish the U.S. Securities edited investor pursuant to paragraph (b)(2) of Rule	and Exchange Commission, upo					
ssu	er (Print or Type)	Signature 0	No-	Date			
	via Systems, Inc. ne of Signer (Print or Type)	Title of Signer (Print or Ty	W 7	August 15, 2002			
	nard Castro	Secretary	pe)				
					<u> </u>		
		ATTEN	ΓΙΟΝ				
	Intentional Misstatements or C			ations. (See 18. U.S.C. 100	1.)		